Report Month	

## **Provider Information**

Facility	Provider Number	Total Licensed Nursing Facility Beds

## **Census Information**

Indicate census data and primary funding source as of Midnight on the last day of the Report Month. Include residents on hospital or therapeutic leave in category applicable on the day they left the facility.

## R

Residents	
ND Medicaid	
Total ND Medicaid Residents	
Medicare	
Private Pay, Other State Medicaid, VA	
Hospice	
Respite Care	
Basic Care (in Nursing Facility ONLY)	
Total Non-ND Medicaid Residents	
Vacancies	
Use of Semi-Private Room as Private Room	
Use of Semi-Private Room for Other Purposes	
Vacancies	
Total Vacancies	
Total Residents and Vacancies	
(MUST Equal Total Licensed Nursing Facility Beds)	

Person Completing Report	Date Completed
Telephone Number	e-mail address

Completed form must be returned by the 15th of the month following the report month.

Send d	complet	ted tori	m via:
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Fax:

Mail:

(701) 328-1544

**Medical Services** 

Dept. of Human Services 600 E Boulevard Ave, Dept. 325

Bismarck, ND 58505-0250